

United States Bankruptcy Court District of Nebraska						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Danner, Spencer Kevin Jr.				Name of Joint Debtor (Spouse) (Last, First, Middle): Danner, Amanda Rae			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 8240				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 4583			
Street Address of Debtor (No. & Street, City, State & Zip Code): 3011 N 169th St Omana, NE				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 3011 N 169th St Omaha, NE			
ZIPCODE 68116-2622				ZIPCODE 68116-2622			
County of Residence or of the Principal Place of Business: Douglas				County of Residence or of the Principal Place of Business: Douglas			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE	
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Danner, Spencer Kevin Jr. & Danner, Amanda Rae	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: District Of Nebraska	Case Number: 05-81015	Date Filed: Filed 3/23/2005	
Location Where Filed: District Of Nebraska	Case Number: 11-82670	Date Filed: Filed 10/26/2011	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> _____ 1/16/13 Signature of Attorney for Debtor(s) Date </p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue</p> <p style="text-align: center;">(Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property</p> <p style="text-align: center;">(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Name of landlord or lessor that obtained judgment)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Address of landlord or lessor)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Danner, Spencer Kevin Jr. & Danner, Amanda Rae	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Spencer Kevin Jr. Danner</u> Signature of Debtor Spencer Kevin Jr. Danner X <u>/s/ Amanda Rae Danner</u> Signature of Joint Debtor Amanda Rae Danner (402) 934-4055 Telephone Number (If not represented by attorney) January 16, 2013 Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date	
Signature of Attorney* X _____ Signature of Attorney for Debtor(s) Nancy L. Loftis Law Office 5533 S 27th Street Suite 203 Lincoln, NE 68512 (402) 476-1111 Fax: (402) 477-8690 January 16, 2013 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address _____ X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 2778 Ally Bank PO Box 13625 Philadelphia, PA 19101	J	purchase money financing for Town & Country Van VALUE \$ 31,000.00				36,294.00	5,294.00
ACCOUNT NO. Ally Financial Inc F/K/A GMAC PO Box 130424 Roseville, MN 55113-0004		Assignee or other notification for: Ally Bank VALUE \$					
ACCOUNT NO. 2832 Nebraska Furniture Mart 700 S 72nd St Omaha, NE 68114	W	purchase of household items VALUE \$ 2,000.00				2,968.36	968.36
ACCOUNT NO. 2491 Southwest National Bank PO Box 1401 2700 West 13th St. North Wichita, KS 67201	J	Ford F150 purchase money financing VALUE \$ 41,000.00				47,319.58	6,319.58
Subtotal (Total of this page)						\$ 86,581.94	\$ 12,581.94
Total (Use only on last page)						\$ 86,581.94	\$ 12,581.94

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☒ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

2 continuation sheets attached

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Domestic Support Obligations

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCOUNT NO. Niokia Toussaint 3032 Emmet St Omaha, NE 68111	H	Child support, \$326/month				1.00	1.00		
ACCOUNT NO. 									
ACCOUNT NO. 									
ACCOUNT NO. 									
ACCOUNT NO. 									
ACCOUNT NO. 									
<div> <div>Sheet no. 1 of 2 continuation sheets attached to</div> <div>Schedule of Creditors Holding Unsecured Priority Claims</div> </div>						Subtotal (Totals of this page)	\$ 1.00	\$ 1.00	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						Total	\$		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						Total		\$	\$

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 8240 Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	J	1040, tax year 2005, as adjusted May 19, 2008 unpaid balance subject to discharge upon plan completion due to age of account				49,000.00	540.00	48,460.00
ACCOUNT NO. 8240 Nebraska Dept of Revenue Attn: Bankruptcy Unit PO Box 94818 Lincoln, NE 68509-4818	J	Form 1902N-2005, income taxes for 2005 adjusted May 20, 2009 and for 2008				9,858.99	9,858.99	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Totals of this page)

\$ **58,858.99** \$ **10,398.99** \$ **48,460.00**

Total

\$ **58,859.99**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable,
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **10,399.99** \$ **48,460.00**

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Accredited Collection Services PO Box 27238 Omaha, NE 68127	W	medical services in collection, The Nebraska Medical Center				1,107.00
ACCOUNT NO. 2411 ACs Education PO Box 371834 Pittsburgh, PA 15250-7834	H	student loans, 3.125 % interest, 138.79/month; \$277 delinquent				19,900.00
ACCOUNT NO. 2401 ACS/Wells Fargo Student Loan PO Box 7052 Utica, NY 13504	J					19,904.24
ACCOUNT NO. 4067 Alegent Health Lakeside Hospital 2301 N 117 Ave Suite 100 Omaha, NE 68164-3483	W	services, portion not covered by insurance				496.00

<div> <div>6 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ 41,407.24
<div> <div>(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div> <div>Total</div> </div>						\$

IN RE Danner, Spencer Kevin Jr. & Danner, Amanda Rae

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3262 Allied Interstate GE Capital Retail Bank PO Box 960061 Orlando, FL 32896-0061	W	GE Capital Retail Bank				1,322.00
ACCOUNT NO. 9357 Bassett Furniture GE Capital Retail Bank PO Box 960061 Orlando, FL 32896-0061	W					0.00
ACCOUNT NO. 2894 Boys Town 555 N 30 St Omaha, NE 68131	W	services				738.50
ACCOUNT NO. Boys Town National PO Box 110 Boystown, NE 68010		Assignee or other notification for: Boys Town				
ACCOUNT NO. 1930 Capital One PO Box 30285 Salt Lake City, UT 84130	J	Credit Card				3,358.04
ACCOUNT NO. Capital One Bank PO Box 71083 Charlotte, NE 28272-1083	W					3,556.00
ACCOUNT NO. Creditors Bankruptcy Service PO Box 740933 Dallas, TX 75374		Assignee or other notification for: Capital One Bank				

Sheet no. 1 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **8,974.54**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Danner, Spencer Kevin Jr. & Danner, Amanda Rae

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NCO Financial Systems 4740 Baxter Road Virginia Beach, VA 23462		Assignee or other notification for: Capital One Bank				
ACCOUNT NO. 3262 Care Credit PO Box 960061 Orlando, FL 32896	J	credit card				1,218.24
ACCOUNT NO. 4260 Credit Bureau Services PO Box 318 Fremont, NE 68026	W	services				122.00
ACCOUNT NO. Credit First NA PO Box 818011 Cleveland, OH 44181	J					10.00
ACCOUNT NO. Dick's Sporting Goods GE Capital Retain Bank PO Box 960061 Orlando, FL 32896-0061	J					0.00
ACCOUNT NO. ECMC PO Box 75906 St Paul, MN 55175	J	student loans, 3242.00 and \$20,074.54				23,000.00
ACCOUNT NO. 1654 Enterprise Bank 12800 West Center Road Omaha, NE 68144	J	2nd Mortgage deficiency				48,523.00

Sheet no. 2 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **72,873.24**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Danner, Spencer Kevin Jr. & Danner, Amanda Rae

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8129 Firestone PO Box 81410 Cleveland, OH 44181	J	Credit Card				662.38
ACCOUNT NO. 0002 Kohls PO Box 3043 Milwaukee, WI 53201	J	Credit Card				572.31
ACCOUNT NO. LINDIA, LLC C/O Weinstein And Riley 2001 Western Avenue Ste 400 Seattle, WA 98121	J					3,643.00
ACCOUNT NO. 8732 Merchange Credit Adjusters 17055 Frances St Ste 100 Omaha, NE 68130	H	Abes Trash Service				225.70
ACCOUNT NO. 3200 Methodist Physicians PO Box 3755 Omaha, NE 68103-0755	H					484.00
ACCOUNT NO. 3761 Mutual 1st Credit Union 14510 F St. Omaha, NE 68137	J	Home at: 14705 Girard St. Bennington, NE 68007 1st Mortgage		X	X	100,000.00
ACCOUNT NO. 3777 Mutual 1st Credit Union 14510 F St. Omaha, NE 68137	J	3rd Mortgage deficiency				22,653.00

Sheet no. 3 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **128,240.39**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form of) (12/07) - Cont. IN RE Danner, Spencer Kevin Jr. & Danner, Amanda Rae Debtor(s) Case No. (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3707 Mutual 1st Credit Union 14510 F St. Omaha, NE 68137	J	Motorcycle purchase money financing, originated August 14, 2009		X		13,989.00
ACCOUNT NO. 0237 Mutual 1st Credit Union 14510 F St. Omaha, NE 68137	J	Visa Card Judgement				21,606.00
ACCOUNT NO. David Koukol 1623 Shamrock Plaza Ste 333 Omaha, NE 68102		Assignee or other notification for: Mutual 1st Credit Union				
ACCOUNT NO. NCO Financial Systems 4740 Baxter Road Virginia Beach, VA 23462	J					3,643.00
ACCOUNT NO. 2746 Nebraska Energy PO Box 499 Columbus, NE 68602-0499	W					3,061.17
ACCOUNT NO. 6420 Nelnet-Dept Of Education PO Box 82561 Lincoln, NE 68501	J					3,413.79
ACCOUNT NO. 3680 Old Navy/GEMB PO Box 530942 Atlanta, GA 30353	J	Credit Card				244.94

Sheet no. **4** of **6** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **45,957.90**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Danner, Spencer Kevin Jr. & Danner, Amanda Rae

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3023 Omaha Federal Credit Union 3001 South 82nd Ave Omaha, NE 68124	J	Visa Card				6,654.00
ACCOUNT NO. 3380 Pioneer PO Box 3116 Lake City, FL 32056	H					221.55
ACCOUNT NO. Portfolio Recovery Associates PO Box 12914 Norfolk, VA 23541	J			X		10.00
ACCOUNT NO. 0303 Professional Finance Company 5754 West 11th St Ste 100 Greeley, CO 80634-4809	W					542.24
ACCOUNT NO. Quantum 3 Group Galaxy Portfolios LLC PO Box 788 Kirkland, WA 98083-0788	J					4,560.00
ACCOUNT NO. Roberts Lawn Care C/O Ralph Peppard 3717 Harney St Omaha, NE 68131	J	services				1,550.00
ACCOUNT NO. Southwest National Bank 2700 W 13th St North Wichita, KS 67201	J					10.00

Sheet no. 5 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **13,547.79**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Karl R. Swartz Morris, Laing, Evans, Brock 300 N Mead #200 Wichita, KS 76202		Assignee or other notification for: Southwest National Bank				
ACCOUNT NO. Toyota Motor Credit C/O Becket And Lee LLP POB 3001 Malvern, PA 19355-0701	J					16,439.00
ACCOUNT NO. Wells Fargo C/O ACS PO Box 22724 Long Beach, CA 90801-5724	J					10.00
ACCOUNT NO. 						
ACCOUNT NO. 						
ACCOUNT NO. 						
ACCOUNT NO. 						

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United States Bankruptcy Court
District of Nebraska

IN RE:

Case No. _____

Danner, Spencer Kevin Jr. & Danner, Amanda Rae

Chapter 13

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: January 16, 2013

Signature: /s/ Spencer Kevin Jr. Danner
Spencer Kevin Jr. Danner

Debtor

Date: January 16, 2013

Signature: /s/ Amanda Rae Danner
Amanda Rae Danner

Joint Debtor, if any

Accredited Collection Services
PO Box 27238
Omaha, NE 68127

ACs Education
PO Box 371834
Pittsburgh, PA 15250-7834

ACS/Wells Fargo Student Loan
PO Box 7052
Utica, NY 13504

Alegent Health
Lakeside Hospital
2301 N 117 Ave Suite 100
Omaha, NE 68164-3483

Allied Interstate
GE Capital Retail Bank
PO Box 960061
Orlando, FL 32896-0061

Ally Bank
PO Box 13625
Philadelphia, PA 19101

Ally Financial Inc F/K/A GMAC
PO Box 130424
Roseville, MN 55113-0004

Bassett Furniture
GE Capital Retail Bank
PO Box 960061
Orlando, FL 32896-0061

Boys Town
555 N 30 St
Omaha, NE 68131

Boys Town National
PO Box 110
Boystown, NE 68010

Capital One
PO Box 30285
Salt Lake City, UT 84130

Capital One Bank
PO Box 71083
Charlotte, NE 28272-1083

Care Credit
PO Box 960061
Orlando, FL 32896

Credit Bureau Services
PO Box 318
Fremont, NE 68026

Credit First NA
PO Box 818011
Cleveland, OH 44181

Creditors Bankruptcy Service
PO Box 740933
Dallas, TX 75374

David Koukol
1623 Shamrock Plaza Ste 333
Omaha, NE 68102

Dick's Sporting Goods
GE Capital Retain Bank
PO Box 960061
Orlando, FL 32896-0061

ECMC
PO Box 75906
St Paul, MN 55175

Enterprise Bank
12800 West Center Road
Omaha, NE 68144

Firestone
PO Box 81410
Cleveland, OH 44181

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Karl R. Swartz
Morris, Laing, Evans, Brock
300 N Mead #200
Wichita, KS 76202

Kohls
PO Box 3043
Milwaukee, WI 53201

LINDIA, LLC
C/O Weinstein And Riley
2001 Western Avenue Ste 400
Seattle, WA 98121

Merchange Credit Adjusters
17055 Frances St Ste 100
Omaha, NE 68130

Methodist Physicians
PO Box 3755
Omaha, NE 68103-0755

Mutual 1st Credit Union
14510 F St.
Omaha, NE 68137

NCO Financial Systems
4740 Baxter Road
Virginia Beach, VA 23462

Nebraska Dept of Revenue
Attn: Bankruptcy Unit
PO Box 94818
Lincoln, NE 68509-4818

Nebraska Energy
PO Box 499
Columbus, NE 68602-0499

Nebraska Furniture Mart
700 S 72nd St
Omaha, NE 68114

Nelnet-Dept Of Education
PO Box 82561
Lincoln, NE 68501

Niokia Toussaint
3032 Emmet St
Omaha, NE 68111

Old Navy/GEMB
PO Box 530942
Atlanta, GA 30353

Omaha Federal Credit Union
3001 South 82nd Ave
Omaha, NE 68124

Pioneer
PO Box 3116
Lake City, FL 32056

Portfolio Recovery Associates
PO Box 12914
Norfolk, VA 23541

Professional Finance Company
5754 West 11th St Ste 100
Greeley, CO 80634-4809

Quantum 3 Group
Galaxy Portfolios LLC
PO Box 788
Kirkland, WA 98083-0788

Roberts Lawn Care
C/O Ralph Peppard
3717 Harney St
Omaha, NE 68131

Southwest National Bank
PO Box 1401
2700 West 13th St. North
Wichita, KS 67201

Southwest National Bank
2700 W 13th St North
Wichita, KS 67201

Toyota Motor Credit
C/O Becket And Lee LLP
POB 3001
Malvern, PA 19355-0701

Wells Fargo
C/O ACS
PO Box 22724
Long Beach, CA 90801-5724